



FOR VALIDATION ONLY

APPLICATION FOR

CREMATED HUMAN REMAINS DISPOSITION PERMIT

FEE: \$70.00

**Make remittance payable to State Treasurer.
Send this application with your remittance to:
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048**

APPLICANT NAME		
IF COMPANY, LIST PRINCIPAL OWNER(S)		
MAILING ADDRESS		
SOCIAL SECURITY NO. <small>State law, RCW 26.23.150, requires you to furnish your Social Security Number when applying for this license. If this application is for a business that is a sole proprietorship, the proprietor must furnish his/her Social Security Number. Resident aliens without a Social Security Number must furnish their Individual Tax Identification Number.</small>		
TELEPHONE NO. ()	UBI NO.	ORGANIZATION TYPE <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____
INTENDED METHOD(S) OF DISPOSITION (SCATTERING, ETC.) <input type="checkbox"/> Airplane <input type="checkbox"/> Boat <input type="checkbox"/> Other _____		
PRIMARY AREA(S) OF INTENDED DISPOSITION		
INTENDED METHOD(S) OF OBTAINING CLIENTS/CUSTOMERS		

Submit application and **\$70.00** fee (*made payable to Washington State Treasurer*) to:

**Department of Licensing
Cemetery Board
P. O. Box 9048
Olympia, WA 98507-9048**

Note: The application should be submitted in time to reach the board at least 21 days prior to a scheduled board meeting in order to be placed on the agenda for consideration.

I understand that the disposition of any cremated human remains will be done in accordance with the provisions of Title 68 RCW and WAC 98-60-020. A record of each disposition performed, in a format prescribed by the Washington State Cemetery Board, will be kept for seven (7) years, subject to inspection by a representative of the board.

X

SIGNATURE OF APPLICANT